Case 18-17134-ref Doc 12 Filed 01/07/19 Entered 01/07/19 07:07:26 Desc Main Document Page 1 of 2

a suli U	this information to identify your ca	1/	12_								
Debt		-Koenig \	~~								
Debt (Spou			,		-			•			
Unite	ed States Bankruptcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA	4	-			•			
Case	e number 18-17134			Ct	eck if this is:						
(if kno							 An amended filing A supplement showing postpetition chapter 13 income as of the following date: 				
Of	ficial Form 106l					MM / DD/ Y	YYY				
	hedule I: Your Inco	ome							12/15		
supp	s complete and accurate as possiblying correct information. If you are separated and you that a separate sheet to this form.	are married and not filir	ng jointly, and your ith you do not inclu	spouse is	ilving wation ab	nn you, meic out vour spo	use. If mor	e space is n	eeded,		
1.	Fill in your employment	· · · · · · · · · · · · · · · · · · ·							_		
	information. If you have more than one job, attach a separate page with information about additional employers.	i	Debtor 1		\$ " <u> </u>	<u> </u>		ng spouse			
		Employment status	■ Employed □ Not employed		*	☐ Emplo					
		Occupation	Medical Manag	er							
	Include part-time, seasonal, or self-employed work.							<u> </u>	 		
	Occupation may include student or homemaker, if it applies.	Employer's address	2913 Spooky N Manheim, PA 1		d,						
	. •	How long employed t	there? 9 mon	ths	·	• • • • • • • • • • • • • • • • • • •					
Par	t 2: Give Details About Mor	nthly Income		•							
Esti:	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to	report for	any line, v	write \$0 in the	space. Inc	lude your non	-filing		
If yo	u or your non-filing spouse have me space, attach a separate sheet to	ore than one employer, c this form.	ombine the informati	ion for all e	mployers	for that perso	on on the lin	es below. If y	ou need		
		•	· •			Debtor 1		tor 2 or			
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll by wage would be.	2.	\$	5,064.58	\$	N/A			
3.	Estimate and list monthly overt		-	· 3.	+\$	0.00	+\$	N/A			
4.	Calculate gross Income. Add li			4.	\$	5,064.58	\$	N/A			
			. •	,			<u></u>				

ebtor 1		Yuko Kimura-Koenig		Case n	umber (if known)	18-1	7134
					Debtor 1		Debtor, 2 or Filling spouse
Cc	ру	line 4 here	4	\$	5,064.58	\$	N/A
i. Lis		ill payroll deductions:					
			F	e	4.045.44	s	N/A
5a		Tax, Medicare, and Social Security deductions	5a. 5b.	\$	<u>1,215.41</u> 0.00	š–	N/A
5b 5c		Mandatory contributions for retirement plans	50. 5c.	*	0.00	š-	N/A
5d		Voluntary contributions for retirement plans Required repayments of retirement fund loans	5d.	\$	0.00	š-	N/A
5e		Insurance	5e.	<u> </u>	178.58	š—	N/A
5f.		Domestic support obligations	5f.	<u>\$</u> —	0.00	\$	N/A
5g		Union dues	5g.	\$	0.00	\$	N/A
5h		Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A
. Ac	id t	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	- 6.	\$	1,393.99	\$	N/A
		alate total monthly take-home pay. Subtract line 6 from line 4.	7.	s	3,670.59	\$	N/A
		•		·	<u> </u>		
. ц: 8а		Ill other income regularly received: Net income from rental property and from operating a business,					
	•	profession, or farm					
		Attach a statement for each property and business showing gross					
		receipts, ordinary and necessary business expenses, and the total	9.0	\$	0.00	\$	NI/A
٥.	١	monthly net income. Interest and dividends	8a. 8b.	*	0.00	s [*] -	N/A N/A
80		Family support payments that you, a non-filing spouse, or a dependent	OU.	*	0.00	-	
00	•	regularly receive		•			
		Include alimony, spousal support, child support, maintenance, divorce					
		settlement, and property settlement.	8c.	\$ <u>.</u>	0.00	\$	N/A
8d	l.	Unemployment compensation	8d.	\$	0.00	\$	N/A
8e		Social Security	8e.	\$ <u></u>	0.00	\$	N/A
8f.		Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental					
		Nutrition Assistance Program) or housing subsidies.	0.5	ν.		. •	MIZA
0.4	_	Specify:	_ 8f. - 0	\$	0.00	· \$	N/A
8g 8h		Pension or retirement income	8g. 8h.+	. s —	0.00	+ s	N/A
GI	١.	Other monthly income. Specify: 2017 tax refund	- 011.7	<u> </u>	324.58	` <u> </u>	N/A
). A	dd a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9:	\$ =	324.58	\$_	N/A
10. C a	alcı	ulate monthly income. Add line 7 + line 9.	10. s	٠.,	3,995.17 + \$		N/A = \$ 3,995.17
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		`	5,535.17		0,000.17
11. St In- oti	ate clud her	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives.	depen				
Sr	peci	ot include any amounts already included in lines 2-10 or amounts that are not a ify:	vailab	le to pa	ay expenses lis	ted in S	Schedule J. 11. +\$0.00
VV	dd t rite plie	the amount in the last column of line 10 to the amount in line 11. The resu that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certair</i> es	ult is th Liabi	ne com lities a	bined monthly nd Related <i>Dat</i>	ncome a, if it	12. \$ 3,995.17
				•			Combined monthly income
2 -	э ус	ou expect an increase or decrease within the year after you file this form?	• .				monthly moonle
J. U(
3. DQ		No. Yes. Explain:		٠,			